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**MCG Health**  
Ambulatory Care  
27th Edition

# RMHP Peripheral Nerve Transcutaneous Magnetic Stimulation

AUTH: RMHP-AC-5096 (AC)

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## Description

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Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve

Using a proprietary electromagnetic stimulator, the provider delivers pain management treatment utilizing magnetic pulse technology. Indicated for chronic, recurring nerve pain such as that caused by amputation, localized burn, various forms of injury, or postoperative pain following invasive procedures, the system provides brief, focused pulses that noninvasively stimulate targeted peripheral nerves. The system consists of a magnetic stimulator, a stimulation coil, a liquid cool unit, and a cart. The handheld treatment coil is placed on the skin over areas of damaged nerves, and low-frequency waveforms are delivered transcutaneously.

## Clinical Indications for Procedure

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Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve is unproven and not covered for **Individual and Family Plan (IFP)** and **Medicare (CareAdvantage and Dual Special Needs Plan (DSNP))** members per UHC Omnibus Codes Medical Policy. Requests for this procedure cannot be approved. See References.

Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve is not covered for **RMHP PRIME (Medicaid) or CHP+** plan members per HCPF guidance. Requests for this procedure cannot be approved. See References.

## Policy History

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Policy created 4/11/2023 for new CPT codes effective 1/1/2023.

## References

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Optum EncoderPro for Payers Professional, description of procedure.

UnitedHealthcare Commercial and Individual Exchange Medical Policy, Omnibus Codes, Policy Number: 2023T0535NNN, Effective Date: April 1, 2023

online at <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/omnibus-codes.pdf>

internally at S:\GJ\_SHARE\CM\Policy. Process. Workflows\Clinical Policy\_Coverage Guidelines\Clinical GMMMCG UHC Guideline Copies filename UHC omnibus-codes-IFP

The Center for Medicare and Medicaid Services (CMS) Medicare Administrative Contractor (MAC) Novitas, Medicare Physician Fee Schedule (MPFS), reviewed 4/11/2023. Codes are status C, carrier priced, carrier makes determination in the absence of CMS guidance.

The Colorado Department of Health Care Policy and Financing (HCPF) Health First Colorado Fee Schedule, current edition <https://hcpf.colorado.gov/provider-rates-fee-schedule> reviewed 4/11/2023, codes not listed or priced. Not in contract / not payable / not covered.

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## Codes

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**CPT® : 0766T, 0767T, 0768T, 0769T**

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